

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213532908						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Starr Surplus Lines Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: IL</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: F1800871</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td>150,000,000</td> </tr> <tr> <td>PREFNV</td> <td>500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	150,000,000	PREFNV	500,000
CLASS	AUTHORIZED							
COMMON	150,000,000							
PREFNV	500,000							
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: Floor 26 500 West Monroe Street</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Chicago, IL 60661</p>								
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CHARLES DANGELO TITLE: PRESIDENT/CEO ADDRESS: FLOOR, 8 CITY/ST/ZIP/CO: 399 PARK AVENUE NEW YORK, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CHARLES DANGELO TITLE: PRESIDENT/CEO ADDRESS: FLOOR, 8 CITY/ST/ZIP/CO: 399 PARK AVENUE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Marina Barg TITLE: VICE PRESIDENT ADDRESS: Floor, 8 CITY/ST/ZIP/CO: 399 Park Avenue New York, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Marina Barg TITLE: VICE PRESIDENT ADDRESS: Floor, 8 CITY/ST/ZIP/CO: 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Carmella Capitano TITLE: Assistant VP ADDRESS: 399 Park Avenue CITY/ST/ZIP/CO: 8th Floor New York, NY 10022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Carmella Capitano TITLE: Assistant VP ADDRESS: 399 Park Avenue CITY/ST/ZIP/CO: 8th Floor New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
NAME: Carmella Capitano TITLE: Assistant VP ADDRESS: 399 Park Avenue CITY/ST/ZIP/CO: 8th Floor New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR						

NAME:	Michael J. Castelli	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor, 8 399 Park Avenue New York, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	Yong Chen	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Asst. Controller		
ADDRESS:	399 Park Avenue 8th Floor New York, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	Paula Alexandra Francis	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor 26 500 West Monroe Street Chicago, IL 60661		
CITY/ST/ZIP/CO:			
NAME:	Nehemiah Ginsburg	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	GC/Secretary		
ADDRESS:	Floor 26 500 West Monroe Street Chicago, IL 60661		
CITY/ST/ZIP/CO:			
NAME:	Joseph Charles Henry Johnson	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor, 5, 19 Par-la-Ville Road Hamilton HM11, BM , BM		
CITY/ST/ZIP/CO:			
NAME:	Michael Gregory Koziol	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor 26 500 West Monroe Street Chicago, IL 60661		
CITY/ST/ZIP/CO:			
NAME:	Bertil P. Lundqvist	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	399 Park Avenue 17th Floor New York, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	Timothy Joseph Moore	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3700 S. Ocean Blvd Apt 301B Highland Beach, FL 33487		
CITY/ST/ZIP/CO:			
NAME:	Julie Murray	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	399 Park Avenue 8th Floor New York, NY 10022		
CITY/ST/ZIP/CO:			
NAME:	William O Connor	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Floor, 8 399 Park Avenue New York, NY 10022		
CITY/ST/ZIP/CO:			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alex John Pittignano VICE PRESIDENT 399 Park Avenue 8th Floor New York, NY 10022	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard Thomas VICE PRESIDENT 399 Park Avenue 8th Floor New York, NY 10022	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael T. Toran VP/CIO 399 Park Avenue 9th Floor New York, NY 10022	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Tucker CFO/Treasurer Floor, 8 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Vendetti EVP/CUO 399 Park Avenue 8th Floor New York, NY 10022	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.					
/s/ Julie Murray		Julie Murray, ASST SECRETARY		7/16/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT		PRINTED NAME AND CORPORATE TITLE		DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.					